



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061

(408) 454-4066 FAX: (408) 454-4770
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September 2, 1999

AGENDA: September 21, 1999

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

Subject: APPROVAL OF CONTRACT TRANSFER WITHIN THE HEALTH
SERVICES AGENCY

Dear Board Members:

The Health Services Agency is requesting approval to transfer an existing \$27,000 contract with Harbor Medical Clinic to the Santa Cruz Clinic budget from the Medi-Cruz budget. There is no change in net County cost as a result of this transfer.


For several years, HSA has contracted with Harbor Medical Clinic to provide prenatal services to patients of the County's Santa Cruz prenatal clinic. These services include on-site medical back-up to County staff during scheduled prenatal clinics, on-call services and consultation related to medical emergencies during non-clinic hours, and accepting referred County clients as private patients of the Harbor Medical Clinic, including high-risk referrals. The contract has been shown each year on the Continuing Agreements List in the Santa Cruz clinic section. As reported in the 1999-00 budget request narrative, HSA anticipated reducing its prenatal services due to increased access to prenatal services in the community. The Harbor contract was therefore not included this year on the Continuing Agreements List as a clinic contract. It was, however, retained in the Medi-Cruz program as a way of assuring the provision of prenatal services to Medi-Cruz clients, who would be seen at Dominican Hospital.

After the 1999-00 budget hearings, it became clear that the County would need to maintain its traditional role as the provider of last resort to prenatal patients. The County's patients are generally high-risk, many with multiple and complex health problems who have difficulty obtaining medical care elsewhere in the community. To support prenatal clinic services, it is necessary to transfer the Harbor contract back to the Santa Cruz clinic budget unit, where it will be administered as in previous years. As a clinic contract, the Harbor agreement is eligible for cost-based reimbursement as part of the County's designation as a Federally Qualified Health Center (FQHC). Board approval is required when an existing contract is transferred between HSA Divisions. This transfer will not affect the overall HSA budget nor the net County cost contribution to HSA.

It is, therefore, RECOMMENDED that your Board:


1. Approve the transfer of the contract with Harbor Medical Clinic for prenatal services to the Santa Cruz Clinic budget from the Medi-Cruz budget (ADM-29 attached), and approve the related \$27,000 appropriations transfer (AUD-74 attached).

Sincerely,



Charles M. Moody: HSA Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
HSA Administration
HSA Clinic Administration
Medi-Cruz Program Manager

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

275

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HEALTH SERVICES AGENCY (Dept.)
C Moody (Signature) 9/6/99 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

COUNTY OF SANTA CRUZ (Health Services Agency)

1. Said agreement is between the _____ (Agency)
and HARBOR MEDICAL GROUP, 7661A Soquel Dr., Santa Cruz, CA 95065 (Name & Address)

2. The agreement will provide on-site and on-call medical services for the Santa Cruz County prenatal clinic,

3. The agreement is needed to provide for the above services.

4. Period of the agreement is from July 1, 1999 to June 30, 2000 (continuous)

5. Anticipated cost is \$ 2,250 per month x 12 = 27,000 / YR ~~XXXXXXXXXXXXXXXXXXXX~~ Not to exceed

6. Remarks: Transfer contract to Santa Cruz Clinic budget (361232) from the Medi-Cruz budget (365001). On 1999-00 Continuing Agreements List, Section I.

7. Appropriations are budgeted in 361232 (Budget) 3647 (Account)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered. Contract N o 090188 - 01 Date 1/7/99
are not available and will be encumbered.

GARY A. KNUTSON, Auditor-Controller
BY Ronald J. Silva Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the HSA Administrator to execute the same on behalf of the County of Santa Cruz
Health Services Agency (Agency).

Remarks: GA (Analyst) County Administrative Officer
By [Signature] Date 9/10/99

Agreement approved as to form. Date _____

- Distribution:
Bd. of Supv. • White
Auditor-Controller • Blue
County Counsel • Green •
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Auditor-Controller • Pink
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*To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss
I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____
County Administrative Officer
Deputy Clerk

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COUNTY OF SANTA CRUZ
 REQUEST FOR TRANSFER OR REVISION
 OF BUDGET APPROPRIATIONS AND/OR FUNDS

276

Department: Health Services Agency

Date: 9/7/99

TO: Board of Supervisors / County Administrative Officer / District Board

I hereby request your approval of the following transfer of budget appropriations and/or funds in the fiscal year ending June 30, ~~19~~ 2000

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
JE 6			

BATCH #	
DATE	Keyed By:

T/C	INDEX	SUBJECT	USER CODE	AMOUNT	ACCOUNT DESCRIPTION *
0,2,1					
0,0,1	3 6 1 2 3 2	3 6 4 7		2 7 0 0 0 0 0	Physician Services
0,2,2					
0,0,2	3 6 5 0 0 1	3 6 4 7		2 7 0 0 0 0 0	Physician Services

Explanation:

Transfer appropriations to Santa Cruz Clinic from the Medi-Cruz program for contract with Harbor Medical Group.

Name _____ Title _____

Auditor-Controller's Action: I hereby certify that unencumbered balance(s) ~~is/are~~ available in the appropriations/funds and in the amounts indicated above.

Auditor-Controller, by Ronald J. Silva, Deputy Date 9/7/99

County Administrative Officer's Action: Recommended to Board Approved Not Recommended or Approved

County Administrative Officer GA SA Date 9/10/99

State of California } As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing request for
 ss. transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order
 County of Santa Cruz } duly entered in the minutes of said Board on

_____, 19____, BY _____, Deputy Clerk

(A-C)* Desc: _____ # _____ - Budget Transfer

A-C Review		

Distribution: BRD. NAME AGENDA DATE ITEM NO.
 White-Board of Supervisors Green-County Administrative Officer Goldenrod-Departmental Control Copy
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